

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Simpliciano's ARCH	CHAPTER 100.1
Address: 94-106 Kupau Place, Waipahu, Hawaii, 96797	Inspection Date: March 22, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> • Resident #2 – No record of initial negative tuberculosis (TB) 2-step skin test prior to admission. • Substitute Care Giver (SCG)#1 – No record of initial negative TB 2-step skin test available for review. • SCG#2 – No record of negative subsequent x-ray following SCG's positive TB skin test. 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><u>FINDINGS</u> Resident #1 – Incorrect Level of Care.</p> <ul style="list-style-type: none"> • Per PCG, client was admitted on 6/27/18 as Expanded ARCH resident • Resident has current RN Case Management with active care plan, monthly face to face visits, staff training/delegation in place. • Level of care per N2 form in Residents record is documented as ARCH level. <p>Resident #2 – Client admitted 6/11/18. As of today, 3/22/18 there is no record indicating residents of level of care.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Current menu not posted in conspicuous place in resident dining area.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – No Physician’s orders for the following medications listed on the Medication Administration Record (MAR) for the months of June 2018 through August 2018:</p> <ul style="list-style-type: none"> • Albuterol Sulfate Nebulizer 2.5mg/3ml 0.083% • Polyethylene Glycol 250mg Powder • Senna S tab 8.6 50mg • Meloxicam 7.5mg • Ascorbate Calcium (ESTER C) 500mg <p>“Timolol Maleate 0.5% Ophthalmic Drops one drop into left eye two times per day” ordered 6/8/18. MAR reads, “Timolol Maleate 0.5% 1 drop (L) two times per day.” MAR did not specify “eye”.</p> <p>“Losartan 50mg tab, take 1 ½ tab by mouth daily, do not take if Blood pressure <120 top or <50 bottom” ordered 6/8/18:</p> <ul style="list-style-type: none"> • Blood pressure (BP) parameters not transcribed to MAR for 3/2018 through 8/2018 and 10/2018 through 11/2018 • BP documented as 115/80 on 8/1/18, 107/67 on 8/6/2018 , 112/65 on 8/14/2018, and 114/82 on 8/16/2018. However, MAR initialed as given for those dates. <p>Continued on next page</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>Continued from previous page</p> <p>“Aspirin 81mg CR tab, 1 tab by mouth daily with food” ordered 6/8/18. MAR reads “Aspirin 81mg take 1 tab daily” from 6/2018 through 3/2018. Does not indicate medication shall be taken with food.</p> <p>Coenzyme Q10 100mg capsule not initialed on MAR as being given or refused for 12/1/2018 and 12/2/2018.</p> <p>Physician’s order on 9/19/18 reads, “D/C Lidocaine patch.”</p> <ul style="list-style-type: none"> • MAR indicates medication discontinued on 9/19/2018, however, also indicates resident refused patch on 9/20/2018 through 9/30/18. • Note on MAR for month of 12/2018 indicates that Lidocaine patch was discontinued on 11/3/18. <p>Physician’s order on 6/8/18 reads, “Oxycodone 5mg tab, ½ tab by mouth every 6 hours as needed for pain uncontrolled by MAPAP.” However, not recorded on MAR for 11/2018. No order to discontinue.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – 1/2018 and 2/2018 MAR contained photocopied pages. MAR not initialed at time “taken by resident”.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 - No record of Physical Exam available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><u>FINDINGS</u> Resident #1 – No signed financial statement indicating who will be responsible for client's finances.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><u>FINDINGS</u> Resident #1 - Policies and Procedures include a range of rates for monthly services. The specific monthly payment rate not specified.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><u>FINDINGS</u> Resident #1 – No record of pneumococcal vaccine.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____